UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9-16-05	2 Serial/Patent # 10/509,290

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$641.00

8 TO BE REFUNDED BY:

10 REASON:		Treasury Check
✓ Overpayment		Credit Deposit A/C #:
Duplicate Payment	9	2 3 -- 2 4 2 6
No Fee Due (Explanation):		

Small Entity originally claimed with 9-23-04 initial filing of application.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Barbara Campbell   TITLE: _____

SIGNATURE: _____   PHONE: _____

OFFICE: PCT/DO/EO _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577
(01/90)

Office of Finance
Refund Branch
Crystal Park One, Room 802B

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/509290

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS **22**		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	**24** minus 20 =	**4**
INDEPENDENT CLAIMS	**1** minus 3 =	**0**
MULTIPLE DEPENDENT CLAIM PRESENT		☑

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☑ OR **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
BASIC FEE		**460**	OR	BASIC FEE	~~920~~
	XS 9=	**36**	OR	XS18=	
	X43=		OR	X86=	
	+145=	**145**	OR	+290=	
	TOTAL	**641**	OR	TOTAL	~~920~~

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
∴ The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.